COMMONWEALTH of VIRGINIA

Virginia School for the Deaf and the Blind

P.O. Box 2069, Staunton, VA 24402
(540)332-9000 Fax (540)332-9042

The Extra Mile Program – Deaf

Application Deadline: Four weeks prior to actual TEMP date

Student's Full Name_____

Date of Birth_____ Age_____ Gender_____ Grade_____

Parent/Guardian Name_____

Address_____
(Include city, state & zip)

Contact Numbers_____ / _____ / _____
(home) (cell) (work/other)

Email Address_____

Allergies_____

Medications_____

Current School & School System_____

School Address_____
(Include city, state & zip)

Deaf Teacher/ Case Manager_____ Phone Number/ Email_____

Indicate your preferences for date of attendance as 1st, 2nd, or 3rd.

(1)Week of_____ (2)Week of_____ (3)Week of_____

Why do you want your student to attend TEMP at VSDB?_____

_____

Describe what kind of and how much communication occurs at home between student and his/her family.

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